

**COMBINED DECLARATION AND POWER OF ATTORNEY
IN ORIGINAL APPLICATION**

**ATTORNEY DOCKET NO:
EH-10708**

I declare: that my residence and citizenship are as stated below next to my name; that I believe I am the original, first, and sole inventor (if only I am named below) or joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought in the specification entitled:

Hand Tool With Operator Relief Feature

that I have reviewed and understand the contents of the above-identified specification, including the claims; that I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56; that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I appoint the practitioners at **Customer Number 30188** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.



Kindly direct written correspondence to the above mentioned Customer Number. Direct any telephone inquiries to Brian J. Hamilla at 860.557.1089.

FULL NAME OF SOLE OR FIRST INVENTOR Leonard M. Walsh	INVENTOR'S SIGNATURE 	DATE 6/23/2002
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FULL NAME OF SECOND JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE
RESIDENCE AND POST OFFICE ADDRESS		CITIZENSHIP
FULL NAME OF THIRD JOINT INVENTOR (IF ANY)	INVENTOR'S SIGNATURE	DATE
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